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ABSTRACT

A model school policy provides guidelines for Iowa school systems with regard to students with AIDS (Acquired Immune Deficiency Syndrome), herpes simplex, and cytomegalovirus. The AIDS guidelines include the following: (1) Routine screening students for AIDS associated virus is not recommended. (2) Children infected with the AIDS associated virus, who are receiving medical attention, should be able to attend classes in an unrestrictive setting, as should siblings of infected children. (3) An alternative educational plan should be provided for an infected child under certain circumstances. (4) Educational management decisions should involve the physician, parent or guardian, public health personnel and educational personnel. (5) An infected child should be excluded from school during an outbreak of a threatening communicable disease. (6) Specified hygiene precautions should be observed in cleaning up the body fluids of any child. (7) Inservice education to disseminate medical and other information about AIDS should be provided to school personnel. Guidelines regarding students with herpes simplex and cytomegalovirus state that infected children should not be excluded from school unless they are too ill to attend or unless secretions cannot be adequately controlled. Infection control through hygienic practices is recommended. (KM)

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Communicable Diseases and the Enrolled Student

A Model Policy and Rules

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Department of Public Instruction
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MODEL POLICY ON COMMUNICABLE DISEASES AND THE ENROLLED STUDENT

IMPORTANT: THIS IS A MODEL ONLY

Do not accept any portion of this model as local policy or rules until after full and sufficient consideration. It is always wise to have proposed local policies and regulations reviewed by legal counsel.

Des Moines, Iowa
January, 1986

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Model Policy on Communicable Diseases and the Enrolled Student

Introduction

In 1981, the United States officially recognized the devastating disease we have come to know as AIDS (Acquired Immune Deficiency Syndrome). In August, 1985, reported cases of AIDS in children under 18 years of age numbered 183; by December 2 of that year, the figure had reached 217. Millions of dollars have been spent on research; the number of medical scientists devoting their careers to the search for a cure grows daily, unfortunately with no tangible results to date. Research has been beneficial, on the other hand, in helping us to understand how the disease is transmitted.

In the fall of 1985, the State Commissioner of Health appointed a Task Force to develop a policy for meeting the needs of children with AIDS, with evidence of the AIDS virus in their blood, or with ARC (AIDS-Related Complex) in schools. Experts came to the table to discuss the issues and exchange perspectives. Those of us from the education and legal communities were exposed to the state of research and brought up to date on the statistics out of the Center for Disease Control (C.D.C.) in Atlanta, Georgia. Not all of what we learned is expressed in the final policy.

AIDS is known to be transmitted in only four ways: sexually; through the exchange of bodily fluids such as in the receipt of blood; from tainted intravenous injection such as the use of "dirty" needles; and in a small number of cases, from perinatal transmission, or occurring in the birth process. The habits of children and adults with AIDS have been studied and the findings are both conclusive and encouraging. AIDS cannot be transmitted by mere proximity. Breathing the same air, sharing eating utensils, using the same toothbrush, sleeping in the same bed, even passing toys from one child to another after the toys have been in the mouth of the AIDS-infected child, have NOT resulted in transmission of the disease. Infected children living in the most unhygienic circumstances imaginable, in this country and in less developed nations, have not transmitted the disease or the virus to other family members. As stated by Dr. J. Michael Lane of the C.D.C., there is literally "no risk of transmission through casual contact." Based on this information, the Task Force was compelled to conclude that there is no reason whatsoever to exclude siblings of AIDS victims from school, and that the AIDS victims themselves have the right to attend school without restriction under nearly all circumstances. (The exceptions are delineated in the Model Policy.)

If education is indeed the antithesis of ignorance, then knowledge ("enlightenment") and prejudice ("an opinion held in disregard of the facts") cannot coexist. We would encourage the dissemination of information to the general public. The Task Force has made itself available to resolve any disputes that may arise over the attendance in school of a child with AIDS. We thank the members for their input, their time, and their concern for the children in the schools of Iowa.

NOTE: It is of the utmost importance that a delineation be made between "policy" and "rule." Policy is that general statement of direction given by the board of directors to all concerned. A rule is the method developed by school administration through which the policy is carried out. Rules detail the application of policy to specific circumstances. Proposed policies and rules should always be reviewed by legal counsel. This model should not be presented for verbatim adoption. It is offered only for consideration.

AIDS/Acquired Immune Deficiency Syndrome

School Policy

Epidemiologic studies show that AIDS is a viral infection transmitted via intimate sexual contact or blood to blood contact. To date, there is no recorded transmission to AIDS to family members who are non-sexual contacts. There has also been no transmission observed with medical personnel who directly care for and are exposed to AIDS cases. Since there is no evidence of casual transmission by sitting near, living in the same household, or playing together with an individual with AIDS, the following guidelines are recommended for implementation in school systems throughout Iowa.

1. Routine screening of students for AIDS associated virus (HTLV-III/LAV) is not recommended. Screening should not be a requirement for school entry.
2. Children diagnosed as having AIDS, or with laboratory evidence of infection with the AIDS associated virus (HTLV-III/LAV), and receiving medical attention are able to attend classes in an unrestricted educational setting. Siblings of infected children are able to attend school without restriction.

3. An appropriate alternative educational plan which may include a more restricted environment should be provided for the child diagnosed as having AIDS or laboratory evidence of infection with the HTLV-III/LAV virus if:
 - A. Cutaneous (skin) eruptions or weeping lesions that cannot be covered are present.
 - B. Inappropriate behavior which increases the likelihood of transmission (i.e., biting or incontinence) is exhibited.
 - C. The child is too ill to attend school.
4. Decisions as to educational management should be shared utilizing expertise of the physician, parent or guardian, public health personnel and those associated with the educational setting.
 - A. Notification of the school should be through the school nurse or person responsible for school health who will notify only those necessary to assure optimal management.
 - B. Notification should be by a process that would maximally provide patient confidentiality. Ideally, this process should be direct person to person contact.

- C. If school authorities believe that a child diagnosed as having AIDS or with laboratory evidence of infection with the AIDS associated virus (HTLV-III/LAV) has evidence of conditions described in #3, then the school authorities can dismiss the child from the class and request authorization from the child's personal physician so that class attendance is within compliance with the school policy.
- D. If a conflict arises as to the child's management, the case should be referred to the State Department of health for review to determine the permissibility of attendance.
5. Since the child diagnosed as having AIDS or with laboratory evidence of infection with the AIDS associated virus (HTLV-III/LAV) has a somewhat greater risk of encountering infections in the school setting, the child should be excluded from school if there is an outbreak of a threatening communicable disease such as chickenpox or measles until he/she is properly treated and/or the outbreak is no longer a threat to the child.
6. Blood or any other body fluids including vomitus and fecal or urinary incontinence in any child should be treated appropriately. It is recommended that gloves be worn when cleaning up any body fluids.

- A. Spills should be cleaned up, the affected area washed with soap and water and disinfected with bleach (one part bleach to ten parts water), or another disinfectant.
 - B. All disposable materials, including gloves and diapers, should be discarded into a plastic bag before discarding in a conventional trash system. The mop should also be disinfected with the bleach solution described in 6.A.
 - C. Toys and other personal non-disposable items should be cleaned with soap and water followed by disinfection with the bleach solution before passing to another person. A normal laundry cycle is adequate for other non-disposable items.
 - D. Persons involved in the clean-up should wash their hands afterward.
7. In-service education of appropriate school personnel should ensure that proper medical and current information about AIDS is available.

HERPES SIMPLEX AND CYTOMEGALOVIRUS

School Policy

The herpes simplex virus and cytomegalovirus are ubiquitous agents infecting most of the population. It is not possible with present medical knowledge and skills to totally prevent their transmission. Under ordinary circumstances it is not reasonable to exclude infected individuals from school unless those infected are too ill to attend. Infection control is best accomplished by maintaining appropriate hygienic practices such as avoiding other people's secretions and careful washing of contaminated hands. Under special circumstances when secretions cannot be adequately controlled because of individual behavior, it might be advisable to provide an alternative educational plan until the problem is resolved.